

MULTIPLE DEPT
FEE CALCULATION SHEET
(FOR USE WITH FG
XTO-875)

CLAIM

SERIAL NO.
10 / 581333

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	15	↔		↔		↔
TOTAL CLAIMS	16	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS		████████	████████	████████	████████	████████